

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION V

111 West Jackson Blvd. CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF RCRA ACTIVITIES

Mr. Gordon Schultz GMC AC Spark Plug Div 1300 North Dort Highway Flint, Michigan 48556

RE: Interim Status Acknowledgement FACILITY NAME: GMC AC Spark Plug Div

USEPA ID No. MIT270010259-

Dear Mr. Shcultz:

This is to acknowledge that the U.S. Environmental Protection Agency (USEPA) has completed processing your Part A Hazardous Waste Permit Application. It is the opinion of this office that the information submitted is complete and that you, as an owner or operator of a hazardous waste management facility, have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. However, should USEPA obtain information which indicates that your application was incomplete or inaccurate, you may be requested to provide further documentation of your claim for Interim Status. Our opinion will be reevaluated on the basis of this information.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265, or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The printout enclosed with this letter identifies the limit(s) of the process design capacities your facility may use during the interim status period. This information was obtained from your Part A Permit application. If you wish to handle new wastes, to change processes, to increase the design capacity of existing processes, or to change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.

As stated in the first paragraph of this letter, you have met the requirements of 40 CFR Part 122.23; your facility may operate under interim status until such time as a permit is issued or denied. This will be preceded by a request from this office or the State (if authorized) for Part B of your application. Please contact Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions concerning this letter or the enclosure.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief Waste Management Branch

Enclosure cc: John R. Wilson



Division of General Motors Corporation Flint, Michigan 48556

March 10, 1981

EPA Region 5 RCRA Activities P.O. A3587 Chicago, Ill. 60690

Dear Sharon

This is to verify that the following facility location addresses are correct on the EPA I.D. numbers as assigned to AC Spark Plug.

MIT270010226 Name of facility

GMC AC Spark Plug - Averill Ave - connected name 9/18/81

4143 Davison Road - facility location connected fac. add. 9/18/81 L.M.

Flint, MI. 48556

MIT270010259 Name of facility GMC Ac Spark Plug - Davison Engineering Facility location-1601 North Averill Ave. Flint, MI. 48556

MIT270010242 Name of facility GMC AC Spark Plug - Waste Treatment Facility location 3026 Robert T. Longway Blvd. Flint, MI. 48556

Gordon L. Schultz General Supervisor Department 1951

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ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY (VERIFICATION)

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

REACKNOWLEDGEMENT

GMC AC SPARK PLUG DIV ENGINEERING 1300 NORTH DORT HIGHWAY FLINT

48556

INSTALLATION ADDRESS

1601 NORTH AVERILL AVENUE FLINT

48556

EPA Form 8700-12B (4-80)

09/28/81

| SEPA | NOTIFICATION OF HAZARDOUS WASTE AC | TIVITY | INSTRUCTIONS: If you received a p sprinted label, affix it in the space at left. If any of the |
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| INSTALLA- TION'S EPA I.D. NO. | 2000年1966年1966年1966年1966年1966年1966年1966年1 | | information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is |
| I STALLATION | AC Spark Plug Division | el e i i okusa ni Ji selja (ese basa | complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted |
| INSTALLA- | General Motors Corporation | | label, complete all items. "Installation" means a single site where hazardous waste is generated, |
| II. MAILING ADDRESS | PLEASE PLACE LABEL IN THIS SPACE 1300 N. Dort Highway Flint, Michigan 48556 | 0 | treated, stored and/or disposed of, or a trans- porter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFI- |
| LOCATION OF INSTAL- | Engineering Building 1601 N. Averill Avenue Flint, Michigan 48556 | | CATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act). |
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| V. OWNERSHII | | | |
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| VII. MODE OF | TRANSPORTATION (transporters only - enter "X" in the | appropriate | box(es)) |
| A. AIR | S. RAIL XC. HIGHWAY D. WATER | E. OTHE | R (specify): |
| VIII. FIRST OR | SUBSEQUENT NOTIFICATION | West Street | |
| Mark "X" in the a | ppropriate box to indicate whether this is your installation's first notifier in the specific policy policy in the specific policy po | rication of ha ace provided b | pelow. |
| 其 有一个"要"。 | MID 98 | 0.560 | C. INSTALLATION'S EPA I.D. NO. |
| 🕅 A. FIRS | T NOTIFICATION B. SUBSEQUENT NOTIFICATION | | |
| | ON OF HAZARDOUS WASTES | | |
| Please go to the re | verse of this form and provide the requested information. | 4910 | NO. |

EPA Form 8700-12 (6-80)

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1300 N. Dort Highway Flint, Michigan 48556 USA

August 8, 1989

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Mr. Steven R. Sliver
Environmental Engineer
Waste Management Division
Department of Natural Resources
Stevens T. Mason Building
P.O. Box 30028
Lansing, Michigan 48909

RECEIVED

AUG 0 8 1989

Waste Management Division

Dear Mr. Sliver:

Please find enclosed the revised USEPA Forms 3510-1 and 3510-3 for AC Rochester's Averill Avenue (MID 980 568 745) and Engineering Complex (MID 980 568 620) interim status hazardous waste storage facilities. Also enclosed is the required certification by Mr. Jan E. Tannehill, General Manager.

The Averill Avenue submissions have been modified to reflect the facility's name change and the types of wastes actually stored, as well as retention of the process code for the underground storage tank which was removed in an emergency closure.

The Engineering Complex submissions have been modified to reflect the facility's name change and the types of wastes actually stored. The process codes and process quantities include both the waste oil tank and the scrap fuel tank.

If you have any additional questions concerning the attached forms, please do not hesitate to contact Dr. James Harless at Techna Corporation or me.

Sincerely yours,

Susan D. Kelsev

Senior Environmental Engineer

enclosures (5)

cc: Dr. James Harless, Techna Corporation

| Please print or type in the unshaded areas only [fill—in areas are spaced for elite type, i.e., 12 c | 1. | | How we will be a second of the | | Form Approved OMB No. 1 | 58-R0 | 175 | SS (Gran SSS) State of the Land of the Land |
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| HIL FACILITY NAME | | | | | ation carefully; if any of it through it and enter the of appropriate fill—in area bal | crrect | -dat | a in the |
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| VI. LOCATION | | | | | items if no label has been the instructions for deta tions and for the legal as | iled i | tem | descrip- |
| | | | | | which this data is collected. | | | |
| II. POLLUTANT CHARACTERISTICS INSTRUCTIONS: Complete A through J to determine we questions, you must submit this form and the supplemental form is attached. If you answer "no" is excluded from permit requirements; see Section C of the | tal for ' to ea | m li ch q | sted in the uestion, y | e parenthesis following the que ou need not submit any of the | estion. Mark "X" in the box in se forms. You may answer "no | the th " if yo terms | ird co our ac | olumn ctivity |
| SPECIFIC QUESTIONS AND SECURIORS | ARE | nan No | FORM ATTACHED | SPECIFIC (| 2UESTIONS - PARTIE - | ARE | ×0 20 | FORM ATTACHED |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | X | | | animal feeding operation or on facility which results in a | | Х | |
| C. Is this a facility which currently results in discharges | 75 X | 17 | NA | D. Is this a proposed facility | y fother than those described will result in a discharge to | 19 | X | · #1 |
| A or B above? (FORM 2C) | 2.8 | _81_ | | waters of the U.S.? (FOR | | 29 | 15 | |
| E. Does or will this facility treat, store, or dispose of hezardous westes? (FORM 3) | X 26 | 7.9 | X | municipal affluent belov taining, within one que | the lowermost stratum con- erter mile of the well bore, frinking water? (FORM 4) | 76 | X 32 | 13 |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) | | Х | | cial processes such as m process, solution mining | t at this facility flukts for spe- nining of sulfur by the Frasch of minerals, in situ combus- covery of geothermal energy? | 37 | X | |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an | | Х | 354 | NOT one of the 28 ind instructions and which we per year of any air pollur. Air Act and may affect | ed stationary source which is ustrist categories listed in the will potentially emit 250 tons tent regulated under the Clean or be located in an attainment | | X | 2.0 |
| III. NAME OF FACILITY | 40 | 41 | 42 | (sres? (FORM 5) | | A S | 44 | 45 |
| SKIP GMC AC ROCHESTE | T I R | Ι | | SION ENGI | NEERING | 40 | | The state of the s |
| IV. FACILITY CONTACT | | | . 6 | | | | | |
| A. NAME & TITLE (last, fi | S R | | ENV | ENGR 31 | 3 2 5 7 6 5 9 5 | | : (-, 5 1240 (-) (-) (-) (-) | |
| V. FACILITY MAILING ADDRESS | | | | | | | • | |
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| VII, SIC CODES (4-digit, in order of priority) | |
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| (specify) | 7 3.6.9.4 Spark plugs, engine ignition |
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| C.THIRD | (specify) Parts and accompanies for |
| 7 3 8 2 4 Motor vehicle instruments | 73 5 1 9 (specify/Parts and accessories for internal combustion engines |
| VIII. OPERATOR INFORMATION | |
| A. NAME | 3. Is the name listed in Item VIII-A also the |
| | owner? |
| 8 GMC AC ROCHESTER DIVISI | ON XYES NO |
| 18 116 | |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answ | |
| F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE | specify) A 3 1 3 7 6 6 2 1 4 1 |
| E. STREET OR P.O. BOX | The part of the pa |
| 1300 NORTH DORT HIGHWAY | |
| F, CITY OR TOWN | G.STATE H. ZIP CODE IX. INDIAN LAND |
| | Is the facility located on Indian lands? |
| BFLINT | MI 48556 TYES X NO |
| 18 10 ' | 40 41 48 47 - 91 |
| X. EXISTING ENVIRONMENTAL PERMITS | |
| / A. NFDES (Discharges to Surface Water) D. PSD (Air Emission | ns from Proposed Sources) |
| 9 N N A , , , , , , , , , , , , , , , , , | |
| 2. UIC (Underground Injection of Fluids) E. OTHI | ER (specify) |
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| 9 U N A 9 S E E | A T T A C H E D Michigan Air Use Permits |
| San the same of th | ER (specify) |
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| 9 R N A 9 9 1 1 1 1 1 1 1 1 | 20 |
| | |
| Attach to this application a topographic map of the area extending | to at least one mile beyond property bounderies. The map must show |
| the outline of the facility, the location of each of its existing and | proposed intake and discharge structures, each of its hazardous waste |
| | jects fluids underground. Include all springs, rivers and other surface |
| water bodies in the map area. See instructions for precise requireme | ns, |
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| Manufacture of automotive components. | |
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| XIII. CERTIFICATION (see instructions) | |
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| | d am familier with the information submitted in this application and all nmediately responsible for obtaining the information contained in the |
| | omplete. I am ewere that there are significant penalties for submitting |
| false information, including the possibility of fine and imprisonmen | |
| A. NAME & OFFICIAL TITLE (Type or print) B. SIGN. | ATURE C. DATE SIGNED |
| Jan E. Tannehill | 12/1/ |
| General Manager | UT/ARRIALU |
| COMMENTS FOR OFFICIAL USE ONLY | |
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ZARDOUS WASTE PERMIT APPLICATION

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| VII. SIC CODES (4-digit, in order of priority) | |
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| | (specify) |
| Motor vehicle parts and accessories 113.6.9.4 | Spark plugs, engine ignition |
| | D. FOURTH |
| 7/3 8 2 4 Motor vehicle instruments 7/3 5 1 al | (specify) Parts & accessories for internal combustion engines |
| VIII. OPERATOR INFORMATION | |
| A. NAME | B. Is the name listed in Item VIII-A also the |
| interpretation of the control of the | TET YES TONO |
| 8 G M C A C R O C H E S T E R D I V I S I O N | YES NO |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box: if "Other", | specify.) D. PHONE (area code & no.) |
| F = FEDERAL M = PUBLIC (other than federal or state) (specify) S = STATE 0 = OTHER (specify) | A 3137662141 |
| P = PRIVATE E. STREET OR P.O. BOX | 15 14 - 28 45 - 28 122 - 28 |
| 1.3.0.0. N.O.R.T.H., D.O.R.T., H.I.G.H.W.A.Y. | |
| F. CITY OR TOWN G.STATE | H. ZIP CODE IX, INDIAN LAND |
| | Is the facility located on Indian lands? |
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| ./ A. NPDES (Discharges to Surface Water) D. PSD (Air Emissions from Proposed Sol | urces) |
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| B. UIC (Underground Injection of Fluids) E. OTHER (specify) | 1 Conservation |
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| 10 10 17 10 C. RCRA (Hazardous Wastes) E. OTHER (specify) | Michigan Air Use Permits |
| CITILITY OF CONTRACTOR OF CONT | (specify) |
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| XI. MAP | 330) |
| Attach to this application a topographic map of the area extending to at least one mil | le heyand property houndaries. The man must show |
| the outline of the facility, the location of each of its existing and proposed intake a | and discharge structures, each of its hazardous waste |
| treatment, storage, or disposal facilities, and each well where it injects fluids underg | ground. Include all springs, rivers and other surface |
| water bodies in the map area. See instructions for precise requirements. | |
| TIL NATURE OF BUSINESS (provide a brief description) | |
| | |
| Manufacture of automotive parts. | |
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| XIII. CERTIFICATION (see instructions) | |
| . I certify under penalty of law that I have personally examined and am familiar with | the information submitted in this application and all |
| attachments and that, based on my inquiry of those persons immediately response | sible for obtaining the information contained in the |
| sapplication, I believe that the information is true, accurate and complete. I am awa | are that there are significant penalties for submitting |
| false information, including the possibility of fine and imprisonment. A. NAME & OFFICIAL TITLE (Type or print) B. SIGNATURE | |
| Jan E. Tannehill | C. DATE SIGNED |
| General Manager | Left 1 |
| COMMENTS FOR OFFICIAL USE ONLY | |
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EPA Form 3510-1 (6-80) RE

REVERSE

HAZARDOUS WASTE PERMIT APPLICATION

Form Approved OMB No. 158-\$80004

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INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four-digit number from 40 CFR, Support D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste/s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

| ENGLISH UNIT OF MEASURE CODE | METRIC UNIT OF MEASURE CODE |
|------------------------------|-----------------------------|
| POUNDSP | KILOGRAMS |
| TONS | METRIC TONS |

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous weste: For each listed hazardous weste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous westes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes, If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER - Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- In column A of the next line enter the other EPA Hazardous Weste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| | | | | P. | | | | UN | | | | | | | | | | | | | Ţ | D. PROCESSES |
|------|-----|----|----|----------|---|--|-----|-----|---|-----------------------------|---|---|---|-----|---|--|-----|---|---|-----|--|---------------------|
| LINE | o N | NΑ | SŢ | AR El | O | B. ESTIMATED ANNUAL QUANTITY OF WASTE | 1 (| ode | E | 1. PROCESS CODES (enter) | | | | | | | DES | | | , | 2. PROCESS DESCRIPTION (if a code is not entered in $D(1)$) | |
| X- | 1 | K | 0 | 5 | 4 | 900 | | P | | T | 0 | 3 | D | 8 | 0 | | 1 | | 1 | | | : |
| X- | 2 | D | 0 | 0 | 2 | 400 | | P | | T | 0 | 3 | D | 8 | 0 | | T | 1 | 1 | ı ı | | - |
| X- | -3 | D | 0 | 0 | 1 | 100 | | P | | T | 0 | 3 | D | 8 | 0 | | 7 | 7 | | | | |
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| IV DESCRIPTION OF HAZARDOUS WASTES (con. | tinued) | |
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| V. FACILITY DRAWING | | |
| All existing facilities must include in the space provided on p | | |
| VI. PHOTOGRAPHS | تسيدن والمرابع | arisaka Libratan Bate Base at a |
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| treatment and disposal areas; and sites of future store VII. FACILITY GEOGRAPHIC LOCATION | age, treatment or disposal areas (see instruc | tions for more detail). |
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MANGUARD SYSTEMS, INC.

Listing of AC Rochester Flint East Air Permits

AGENCY

| 10-86 | 204-81 | 308-85 | 538-81 | 735-78 | 8∞77 | 040 00 |
|---------|--------|--------|---------|--------|------------------|------------------|
| 101-85 | 207-85 | 312~78 | 54-72 | 736-78 | 801-78 | 859-78 850-78 |
| 102-85 | 209-74 | 317-76 | 54-73 | 735-87 | 802-78 | 860-78 |
| 1044-84 | 213-71 | 32-73 | 549-85 | 737-78 | | 861-78 |
| 1044-84 | 214-70 | 322-81 | 55-72 | 738-78 | 805 ~ 78 | 862-84 |
| 105-87 | 215-70 | 323-81 | 550-83 | 742-78 | 807-78 | 863-78 |
| 106-87 | 215-72 | 324-77 | 551-83 | 743-78 | 808-78 | 864-78 |
| 107-87 | 216-70 | 327-74 | 552-83 | 744-78 | 810-78 | 865-78 |
| 108-74 | 215-84 | 327-75 | 56-72 | 745-78 | 312-84 | 87-71 |
| 108-79 | 217-70 | 328-74 | 56-73 | 746-78 | 814-78 | 89-87 |
| 108-87 | 217-71 | 338-86 | 56-75 | | 815-78 | 9-86 |
| 109-79 | 217-72 | 339-86 | 57-86 | 747-78 | 816-78 | 911-85 |
| 12-77 | 218-70 | 340-83 | 571-84 | 749-78 | 817-78 | 912-85 |
| 122-71 | 218-73 | 340-86 | 589-80 | 750-78 | 012-78 | 919-85 |
| 123-70 | 219-70 | 345-85 | | 751-78 | 819-78 | 920-85 |
| 124-82 | 220-70 | 362-81 | 59-82 | 752-78 | 820-78 | 93-80 |
| 125-70 | 220-82 | 364-73 | 590-80 | 753-78 | 821-78 | 935-85 |
| 128-71 | 220-83 | 379-79 | 591-80 | 754-78 | 821-88 | 936-85 |
| 136-74 | 221-70 | | 592~80 | 756-78 | 822-78 | 96-78 |
| 137-74 | 225-85 | 380-85 | 599-86 | 757-78 | 824-78 | 960-84 |
| 137-76 | 229-82 | 381-85 | 604-78 | 758-78 | 825-76 | 961-84 |
| 138-70 | 231-85 | 39-75 | 520-84 | 756-84 | 825-78 | 963-79 |
| 139~73 | 232-85 | 40-75 | 621-86 | 759-78 | 827-78 | 968-85 |
| 139-74 | 233-85 | 401-78 | 626-86 | 760-78 | 828-78 | 969-85 |
| 139-80 | | 404-83 | 63-71 | 761-78 | 829-78 | 970~84 |
| 139-88 | 234-85 | 405-83 | 63-79 | 763-78 | 829-85 | 971-84 |
| 140-70 | 238-75 | 41-72 | 63 - 84 | 771-78 | 830-78 | 98-76 |
| 143-70 | 239-83 | 412-70 | 630-63 | 772-78 | 830-85 | |
| | 25-84 | 420-74 | 631-83 | 773-78 | 830-85 | |
| 144-73 | 252-75 | 422-77 | 634-85 | 774-78 | 631-78 | |
| 148-73 | 256-83 | 425-73 | 654-85 | 776-78 | 831-84 | |
| 149-73 | 257-83 | 43-74 | 671-80 | 777-85 | 832-78 | |
| 149-74 | 26-72 | 45-71 | 674-79 | 780-78 | 832-64 | |
| 151-84 | 261-63 | 455-77 | 676-79 | 783-78 | 833-78 | |
| 161-86 | 256-78 | 457-77 | 676-86 | 784-78 | 834-78 | |
| 162-70 | 266-81 | 46-71 | 680-86 | 785~78 | 835-76 | |
| 162-86 | 265-86 | 47-71 | 690-81 | 786-78 | 835-78 | |
| 166-72 | 267-86 | 477-77 | 690-81A | 787-78 | 637-78 | |
| 171-86 | 271-74 | 493-85 | 697-84 | 788-83 | 840-78 | |
| 172-86 | 288-84 | 493-87 | 699-77 | 79-86 | 841-78 | |
| 173-86 | 29-76 | 509~86 | 7-77 | 790-78 | 843-78 | |
| 183-71 | 295-80 | 510-86 | 70-80 | 791-78 | 844-78 | |
| 184-71 | 30-76 | 52-73 | 700-79 | 791-86 | 847~78 | |
| 185-71 | 302-77 | 520-85 | 708-86 | 793-78 | 848-78 | |
| 186-82 | 305-85 | 527-83 | 718-77 | 794-78 | | |
| 187-73 | 305-86 | 528-83 | 724-80 | 795-86 | 849-78 850-78 | |
| 187-82 | 306-85 | 53-73 | 725-80 | 797-78 | 850-78 850-78 | |
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UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION V

111 West Jackson Blvd. CHICAGO, ILLINOIS 60604

REPLY TO ATTENTION OF:

5AHWM

SEP 21 1981

Mr. Gordon Schultz, Supervisor General Motors Corporation AC Spark Plug Division 1300 North Dort Highway Flint, Michigan 48556

Dear Mr. Schultz:

Recently you may have received two reacknowledgements for your installation at 1601 North Averill Avenue, Flint, Michigan. Please disregard the one listing your EPA identification number as MIT 270 010 269 and use the one listing your number as MIT 270 010 259. A computer problem made it impossible to remove the incorrect number.

Sincerely,

Arthur Kawatachi Regional Project Officer

PART A AMENDMENTS

MID986368 620 Fac. Name SMC AC Sparke Application Date Date of Received ADP Input Filed (check) Amendments Date of Tech Date Date of ADP Input Staff Approval (if Filed (check) Received necessary)



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY REGION V.

111 West Jackson Blvd. CHICAGO, ILLINOIS 60604 RERCRIO ACTENTIPLESF:

DEC 9 1982

SCHULTZ GORDON GEN SUPV GMC AC SPARK PLUG DIV - DAVISON ENG 1300 NORTH DORT HIGHWAY

FLINT MI 48556 FACILITY: 1601 NORTH AVERILL AVEN LOCATION: FLINT MI 48556

ID ND.: MIT270010259

Dear Applicant:

RE: U.S. EPA Identification Number Change

This is to inform you that the United States Environmental Protection Agency (U.S. EPA) will be changing your temporary (T) identification number to a permanent (D) one. The label below shows your current temporary number as "OLD T NO." and the new permanent number as "NEW D NO."

OLD I.D. NO.: MIT270010259

NEW I.D. NO.: MID980568620

In order to provide your facility with adequate time to convert to the permanent U.S. EPA identification number, we will make the change in our computer system effective January 1, 1983. This will allow you to use your temporary identification number until the end of the calendar year and, thus, cover all 1982 hazardous waste handled under one number for your annual report.

We have coordinated the identification number change with your State hazardous waste management office. The State has a listing of your old and new numbers.

Please contact Mr. Arthur Kawatachi of my staff at (312) 886-7449, if you have any questions regarding this matter.

Sincerely yours,

Karl J. Klepitsch, Jr., Chief

Waste Management Branch

cc: Facility owner

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| CONTINUED FROM THE FRONT | | | The same of the same of | A MILE STORY OF THE PARTY OF |
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| HI. SIC CODES (4-digit, in order of priority) | | | | |
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| c (specify) | THE RESIDENCE OF THE PROPERTY | c (specify) | Parts and acce | ssores for |
| 73.8.2.4 Motor vehicle inst | ruments | 7 3,5,1,9 inte | ernal combustion | CONTRACTOR OF THE PARTY OF THE |
| VIII. OPERATOR INFORMATION | one was stated and the | 15 16 - 19 | | Barrier Anna Barrier |
| MIL OF ENATORISM OF THE STATE O | A. NAME | | | B. Is the name listed in |
| G M C A C S P A R K P L | UG DIVIS | ION ENGI | NEERING | item VIII-A also the owner? XYES NO |
| C. STATUS OF OPERATOR (Enter the appr F = FEDERAL M = PUBLIC (other than f S = STATE O = OTHER (specify) P = PRIVATE | | er box; if "Other", specify.) pecify) | D, PHONE A 3 1 3 7 | (area code & no.) |
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| X. EXISTING ENVIRONMENTAL PERMITS | | | William Control | |
| A. NPDES (Discharges to Surface Water) | All the second s | s from Proposed Sources) | | |
| 9 N A 15 16 177 18 | 9 P N A | | | |
| B. UIC (Underground Injection of Fluids) | E. OTHE | R (specify) | | AND THE CONTRACTOR |
| CITIES IN A | CTICET | TTACHED | (specify) | |
| 9 U N A 16 76 77 18 | 9 S.E.E. A | TIACHED. | Michigan Air | Use Permits |
| C. RCRA (Hazardous Wastes) | | R (specify) | | All the Australia Control |
| STALLA | CTUTTI | TITITIT | (specify) | ATTENDED TO THE PROPERTY OF TH |
| 9 R N A | 9 15 16 17 18 | 1 | | |
| XI, MAP | | | | |
| Attach to this application a topographic map the outline of the facility, the location of ex- treatment, storage, or disposal facilities, and water bodies in the map area. See instruction | ach of its existing and p I each well where it inje | proposed intake and disclects fluids underground. | harge structures, each of | its hazardous waste |
| XII. NATURE OF BUSINESS (provide a brief descri | ption) | | | · 计基础设置 - 1000 / 1000 |
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| XIII. CERTIFICATION (see instructions) | The same that the system is | | | Action in the state of the stat |
| | Participation of the control of the | | entitation in the contract of | |
| I certify under penalty of law that I have pu | ersonally examined and | am familiar with the into | rmation submitted in th | is application and all |
| attachments and that, based on my inquir application, I believe that the information i | | | | |
| false information, including the possibility of | | | olganicani, per | |
| A. NAME & OFFICIAL TITLE (type or print) | B. SIGNA | | Ic | DATE SIGNED |
| John R. Wilson, Jr. | | A | 0. | 17 17 00 |
| General Manager | | John & welcon | - K | 11-17-80 |
| COMMENTS FOR OFFICIAL USE ONLY | Section 1995 | To the second desired and | | |
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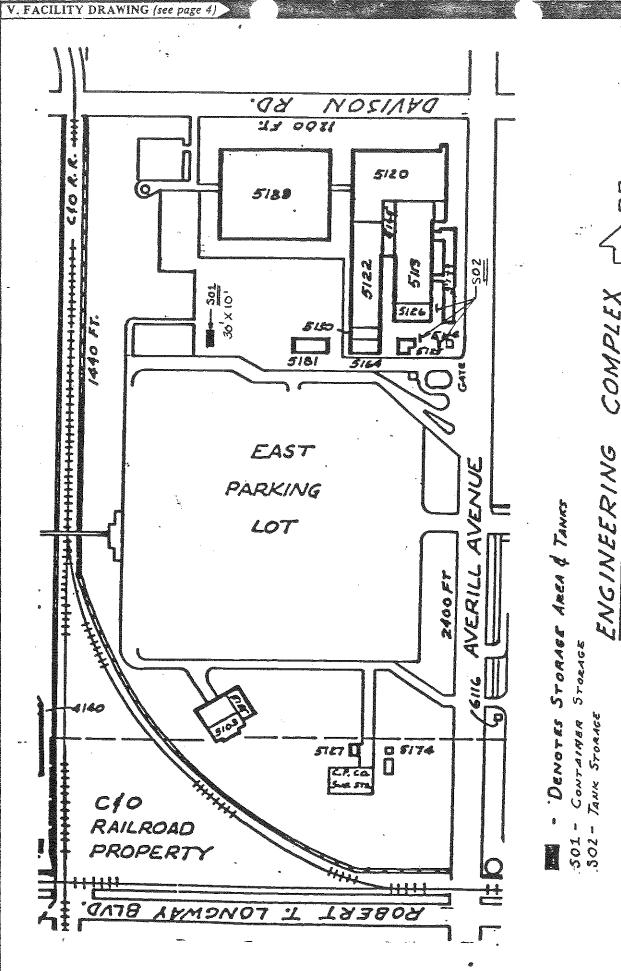
| II c. | I.PROCESSES | (continued) | SC)RDES | CRIBING OTHER | R PROCESSES (code "Tu | FOR EACH PROCESS ENTERED HERE |
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| ANNEXA (ANNEXA) | | | | | | |
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| ** | | ON OF HARADONIA | | | | |
| Α. | EPA HAZARD | ON OF HAZARDOUS WAS OUS WASTE NUMBER — EN | ter the four-dia | it number from | 40 CFR, Subpart D for e | ach listed hazardous waste you will handle. If you |
| | tics and/or the t | Oxic contaminants of those ha | zardous wastes. | | | m 40 CFR, Subpart C that describes the characteris- |
| В. | Dasis, For each | custactedistic of toxic contami | nant entered in | entered in colun column A estimat | nn A estimate the quantite the total annual quantit | ty of that waste that will be handled on an annual y of all the non-listed waste/s/ that will be handled |
| c. | | nat characteristic or contaminal SURE — For each quantity er | | n B enter the uni | t of measure code Units | of measure which must be used and the appropriate |
| | codes are: | | | | | |
| | PC | NGLISH UNIT OF MEASURE DUNDS | | | KILOGRAMS | MEASURE CODE |
| | If facility recor | ds use any other unit of meas | ire for quantity | the units of me | TATE TO SERVICE AND A SERVICE | nto one of the required units of measure taking into |
| D. | PROCESSES | ropriate density or specific gra | vity of the waste | | | |
| | 1. PROCESS C For listed he | szardous waste: For each liste | d hazardous wa | ste entered in co | lumn A select the code/s/ | from the list of process codes contained in Item III |
| | For non-lis | ow the waste will be stored, tro ted hazardous wastes: For each | eated, and/or dis ch characteristic | posed of at the fa or toxic contain | icility. inant entered in column | A, select the code(s) from the list of process codes of all the non—listed hazardous wastes that possess |
| | Note: Four | eristic or toxic contaminant. spaces are provided for ente | rina process co | des. If more are r | needed: (1) Enter the firs | t three as described above: (2) Enter "000" in the |
| 7 | extreme rign | t box of item (V-D(1); and (3) | Enter in the spa | ice provided on pa | age 4, the line number and | the additional code(s). In the space provided on the form. |
| NC | TE: HAZARD | OUS WASTES DESCRIBED B | Y MORE THAI | I ONE EPA HAZ | ARDOUS WASTE NUM | n the space provided on the form. BER — Hazardous wastes that can be described by |
| mo | re than one EPA | . Hazardous Waste Number shal | II be described o imbers and enter | n the form as follo | ows: | |
| 9.4 | 1. Select one o | i the EPA Mazardous waste No | | TEIN COIUMN A. | On the same line complete | columns B,C, and D by estimating the total annual |
| | 2. In column A | the waste and describing all the A of the next line enter the ot | processes to be her EPA Hazard | used to treat, stor | On the same line complete | columns B,C, and D by estimating the total annual vaste. scribe the waste, in column D(2) on that line enter |
| | 2. In column A "included w 3. Repeat step | the waste and describing all the tof the next line enter the of the above" and make no other a 2 for each other EPA Hazardou | processes to be her EPA Hazard entries on that li is Waste Number | used to treat, stor ous Waste Numb ne. r that can be used | On the same line complete re, and/or dispose of the we er that can be used to de to describe the hazardous | veste. scribe the waste. In column D(2) on that line enter waste. |
| EX per | 2. In column A "included w 3. Repeat step (AMPLE FOR C | the waste and describing all the tof the next line enter the otleth above" and make no other a 2 for each other EPA Hazardou OMPLETING ITEM IV (shown a shavings from leather tanning the shavings from leather tanning | processes to be her EPA Hazard entries on that li us Waste Number in in line number a and finishing o | used to treat, stor ous Waste Numb ne. r that can be used s X-1, X-2, X-3, a peration. In addit | On the same line complete re, and/or dispose of the wer that can be used to de to describe the hazardous and X-4 below/ — A facility on the facility will treat | veste, scribe the waste. In column D(2) on that line enter is waste. y will treat and dispose of an estimated 900 pounds and dispose of three populisted upster. To pounds |
| EX per are | quantity of 2. In column A "included w 3. Repeat step AMPLE FOR C year of chrome corrosive only 0 pounds per year | the waste and describing all the tof the next line enter the otleth above" and make no other a 2 for each other EPA Hazardou OMPLETING ITEM IV (shown a shavings from leather tanning the shavings from leather tanning | processes to be her EPA Hazard entries on that li is Waste Number in in line number and finishing o 200 pounds pe be in an inciner | used to treat, stored to the work waste Number that can be used \$X-1, X-2, X-3, a peration. In addit | On the same line completere, and/or dispose of the wer that can be used to de to describe the hazardous and X-4 below/—A facilition, the facility will treat aste. The other waste is cowill be in a landfill. | veste, scribe the waste, in column D(2) on that line enter waste. y will treat and dispose of an estimated 900 pounds and dispose of three non—listed wastes. Two wastes prrosive and ignitable and there will be an estimated |
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| IV. DESCRIPTION OF HAZARDOUS WASTES | | | | | |
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| IV, DESCRIPTION OF HAGARDOUS WASIE | 'rontinued) | | | | |
| E. USE THIS SPACE TO LIST ADDITIONAL | OCESS CODES FRO | OM ITEM D(1) ON PA | G | i. | |
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| V. FACILITY DRAWING | | | e de la companya de l | | |
| All existing facilities must include in the space provided | on page 5 a scale drawin | on of the facility (see inst | nuctions for more | letail) | |
| 100 Page 100 | on page of a scale drawn | ig of the racinty (see mist | detrons for more | | |
| VI. PHOTOGRAPHS | | | | | |
| All existing facilities must include photographs (| | | | | ing storage, |
| treatment and disposal areas; and sites of future | storage, treatment or | disposal areas (see ins | tructions for mo | re detail). | COMPLETE VIOLET GART |
| VII. FACILITY GEOGRAPHIC LOCATION | | | | | |
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| VIII. FACILITY OWNER | | | | | |
| A. If the facility owner is also the facility operator | as listed in Section VIII | on Form 1, "General In | formation", place | an "X" in the b | oox to the left and |
| skip to Section IX below. | | | | er felhjirken i grij. Di gelijan i dinast | |
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| B. If the facility owner is not the facility operator | as listed in Section VIII | on Form 1, complete the | following items: | | |
| | | | following items: | | |
| 1. NAME OF FA | as listed in Section VIII | | e following items: | 2. PHONE | NO. (area code & no.) |
| 1. NAME OF FA | | | following items: | 2. PHONE | NO. (area code & no.) |
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| 1. NAME OF FA | C G AS 115 16 | 4. CITY OR TOWN | 40 4 | .ST. | 6. ZIP CODE - 51 d all attached |
| 1. NAME OF FA E 15 16 3. STREET OR P.O. BOX T IX. OWNER CERTIFICATION I certify under penalty of law that I have persone documents, and that based on my inquiry of tho | C G AS 115 16 ally examined and am se individuals immedia | 4. CITY OR TOWN familiar with the info | 40 4 | s s s - s s s s s s s s s s s s s s s s | 6. ZIP CODE d all attached relieve that the |
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| I NAME OF FA S E 15 16 3. STREET OR P.O. BOX C IX. OWNER CERTIFICATION I certify under penalty of law that I have persone documents, and that based on my inquiry of tho submitted information is true, accurate, and comincluding the possibility of fine and imprisonment A. NAME (print or type) John R. Wilson, Jr. | C G 45 15 16 ally examined and am se individuals immediantly implete. I am aware than t. B. SIGNATURE | 4. CITY OR TOWN familiar with the info | 40 4 | s s s - s s s s s s s s s s s s s s s s | 6. ZIP CODE 6. ZIP CODE |
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| I. NAME OF FA | acility's Legal Own C G 45 15 16 ally examined and am see individuals immediantly immediant. B. SIGNATURE C G G G G G G G G G | 4. CITY OR TOWN familiar with the infointely responsible for out there are significant. | rmation submit | ted in this and ormation, I bomitting false C. DATE SIGN 11-17-8 | 6. ZIP CODE d all attached relieve that the information, NED O d all attached |
| I. NAME OF FA C. E IS 16 3. STREET OR P.O. BOX C. F III. OWNER CERTIFICATION I certify under penalty of law that I have personal documents, and that based on my inquiry of tho submitted information is true, accurate, and comincluding the possibility of fine and imprisonment including the possibility of fine and imprisonment A. NAME (print or type) John R. Wilson, Jr. X. OPERATOR CERTIFICATION I certify under penalty of law that I have personal documents, and that based on my inquiry of tho | acility's Legal own C G 45 15 16 ally examined and am se individuals immediant. B. SIGNATURE Cally examined and am se individuals immediants. | 4. CITY OR TOWN familiar with the infoiately responsible for control of the cont | ermation submit | ted in this and ormation, I be ormation, I be of the second of the secon | 6. ZIP CODE d all attached information, NED O d all attached believe that the information, |
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| I. NAME OF FA C. E Its Its 3. STREET OR P.O. BOX C. F IX. OWNER CERTIFICATION I certify under penalty of law that I have personal documents, and that based on my inquiry of thos submitted information is true, accurate, and comincluding the possibility of fine and imprisonment including the possibility of fine and imprisonment A. NAME (print or type) John R. Wilson, Jr. X. OPERATOR CERTIFICATION I certify under penalty of law that I have personal documents, and that based on my inquiry of thos submitted information is true, accurate, and com- | acility's Legal Own G G As 15 16 ally examined and am see individuals immediant. B. SIGNATURE ally examined and am see individuals immediance individuals immediance individuals immediance individuals immediance in am aware that | 4. CITY OR TOWN familiar with the infoiately responsible for control of the cont | ermation submit | ted in this and ormation, I be ormation, I be of the second of the secon | 6. ZIP CODE 6. ZIP CODE d all attached elieve that the information, NED O d all attached eelieve that the information, |
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APPROX. SCALE - 1" 320-0"



Division of General Motors Corporation Flint, Michigan 48556

AIR POLLUTION PERMITS ISSUED BY MICHIGAN DEPARTMENT OF NATURAL RESOURCES TO AC SPARK PLUG DIVISION

September 29, 1980

| 123-70 | 254-72 | 138-74 | 7-77 | 742-78 | 779-78 |
|----------------|--------|------------------|------------------|------------------|--------|
| 125-70 | 307-72 | 149-74 | 12-77 | 743-78 | 780-78 |
| 143-70 | 15-73 | 148-74 | 20-77 | 744-78 | 781-78 |
| 142-70 | 32-73 | 209-74 | 154-77 | 745-78 | 782-78 |
| | | 270-74 | 302-77 | 745-76 746-78 | 783-78 |
| 140-70 | 52-73 | 271-74 | | | |
| 138-70 | 53-73 | 326-74 | 324-77 | 747-78 | 784-78 |
| 162-70 | 54-73 | 327-74 | 362-77 | 748-78 | 785-78 |
| 214-70 | 55-73 | 327-74 328-74 | 422-77 | 749-78 | 786-78 |
| 215-70 | 56-73 | | 455-77 | 750-78 | 787-78 |
| 216-70 | 116-73 | 383-74 | 456-77 | 751-78 | 788-78 |
| 217-70 | 139-73 | 420-74 | 457-77 | 752-78 | 789-78 |
| 218-70 | 138-73 | 450-74 | 477 -77 | 753-78 | 790-78 |
| 219-70 | 127-73 | 451-74 | 533-77 | 754-78 | 791-78 |
| 220-70 | 144-73 | 39-75 | 557-77 | 755-78 | 792-78 |
| 221-70 | 143-73 | 40-75 | 554-77 | 756-78 | 793-78 |
| 110-70 | 145-73 | 56-75 | 699-77 | 757-78 | 794-78 |
| 87-71 | 146-73 | 147-75 | 718-77 | 758-78 | 795-78 |
| 45-71 | 140-73 | 145-75 | 724-77 | 759-78 | 796-78 |
| | | 146-75 | 726-77 | 760-78 | 797-78 |
| 46-71 | 148-73 | 188-75 | 725-77 725-77 | | |
| 47-71 | 149-73 | 189-75 | | 761-78 | 798-78 |
| 63-71 | 150-73 | 238-75 | 95-78 | 478-78 | 799-78 |
| 122-71 | 160-73 | 252-75 | 96-78 | 479-78 | 800-78 |
| 128-71 | 159-73 | | 129-78 | 762-78 | 801-78 |
| 184-71 | 187-73 | 268-75 | 133-78 | 763-78 | 802-78 |
| 183-71 | 186-73 | 285-75 | 266-78 | 764-78 | 803-78 |
| 185-71 | 217-73 | 327-75 | 312-78A | 765-78 | 804-78 |
| 217-71 | 218-73 | 397-75 | 312-78 | 766-78 | 805-78 |
| 216-71 | 221-73 | 29-76 | 366-78 | 767-78 | 806-78 |
| 215-71 | 256-73 | 30-76 | 367-78 | 768-78 | 807-78 |
| 214-71 | 364-73 | 85-76 | 368-78 | 769-78 | 808-78 |
| 213-71 | 429-73 | 97-76 | 386-78 | 770-78 | 809-78 |
| 26-72 | 426-73 | 98-76 | 387-78 | 771-78 | 810-78 |
| 25-72 | 477-73 | 99-76 | 388-78 | 772-78 | 811-78 |
| 56-72 | 43-74 | 117-76 | 401-78 | 773-78 | 812-78 |
| 55-72 | 107-74 | 118-76 | 733-78 | 774-78 | 814-78 |
| 54-72 | 106-74 | 119-76 | 734-78 | 775-78 | 815-78 |
| 34-72 87-72 | | 120-76 | 735-78 | | 816-78 |
| | 108-74 | 131-76 | | 776-78 | |
| 107-72 | 109-74 | 137-76 | 736-78 | 777-78 | 817-78 |
| 116-72 | 110-74 | 165-76 | 737-78 | 778-78 | 818-78 |
| 183-72 | 124-74 | 317-76 | 738-78 | 779-78 | 819-78 |
| 215-72 | 137-74 | | 739-78 | 780-78 | 820-78 |
| 217-72 | 136-74 | 316-76 | 740-78 | 779-78 | 821-78 |
| 253-72 | 139-74 | 8-77 | 741-78 | 778-78 | 822-78 |

Air Pollution Permits
Issued by Michigan Department of Natural Resources
to AC Spark Plug Division
September 29, 1980

| 823-78 824-78 825-78 826-78 827-78 828-78 829-78 830-78 831-78 832-78 | 198-79 379-79 377-79 532-79 533-79 679-79 678-79 676-79 675-79 | |
|--|--|------------------------------------|
| 833-78 834-78 835-78 836-78 837-78 839-78 840-78 841-78 842-78 843-78 844-78 845-78 846-78 | 674-79 700-79 963-79 70-80 93-80 139-80 295-80 351-80 352-80 353-80 380-80 395-80 589-80 590-80 591-80 | |
| 848-78 849-78 851-78 852-78 853-78 854-78 855-78 856-78 857-78 859-78 860-78 861-78 862-78 | 592-80 | |
| 864-78 604-78 63-79 108-79 109-79 | | List prepared by: A. J. O'Brien |

| Please print to type in the unshaded areas only (fill—in areas are spaced for elite type, i.e., 12 charates/inch. | J | | | Form Approved OMB No. 15 | 58-R0 | 175 | II . |
|--|--|-------|---------------------------|--|--|---|---|
| FURM | | | | IATION | | | T/A C |
| Co. | nsolic | dated | Permits Pr | before starting.) | | | 9 D |
| I. EPA I.D. NUMBER | 1 | 1 | | If a preprinted label has be it in the designated space. I ation carefully; if any of it through it and enter the cappropriate fill—in area below. | een pr Review is ind correct ow, A | ovide v the corre data lso, i | inform- ct, cross a in the f any of |
| | ice | LA | BEL IN | THIS SPACE the preprinted data is abser left of the label space list that should appear), please proper fill—in area(s) belo complete and correct, you ltems I, III, V, and VI (a must be completed regard items if no label has been the instructions for deta | proving the provin | info ide i the not o Vi- Com ied. | t in the label is complete B which plete all Refer to |
| VI. LOCATION | 1 | 1 | | tions and for the legal at which this data is collected. | ithoria | ation | ns under |
| II. POLLUTANT CHARACTERISTICS | | | | | | | |
| questions, you must submit this form and the supplemen | tal fo | rm li | sted in the uestion, v | submit any permit application forms to the EPA. If you ansi e parenthesis following the question. Mark "X" in the box in ou need not submit any of these forms. You may answer "no o, Section D of the instructions for definitions of bold—faced | " if yo | our a | ctivity |
| SPECIFIC QUESTIONS | YES | | FORM ATTACHED | SPECIFIC QUESTIONS | YES | NO | K 'X' FORM ATTACHED |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | X | 18 | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) | 19 | χ 20 | 21 |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) | 16 X 22 | 17 | NA Z4 | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) | 25 | χ 26 | 27 |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) | Х | | Х | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) | 31 | X | 33 |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid | | χ | 30 | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) | 37 | X 38 | 39 |
| hydrocarbons? (FORM 4) I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an | | Х | 36 | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | X | 45 |
| attainment area? (FORM 5) III. NAME OF FACILITY | A. Commercial Commerci | 41 | | | | | |
| 15 15 - 29 30 | ์ U | G ' | D'I'V | ISION ENGINEERING | 69 | | |
| IV. FACILITY CONTACT A. NAME & TITLE (last, f. | | |) | B. PHONE (area code & no.) | | | |
| S'C'H'U'L'T'Z' GORDON GE | 'N' | 'S | 'U'P'E | RVISOR 313 766 2141 | | | |
| V. FACILITY MAILING ADDRESS A. STREET OR P.O. | | | | | | | |
| 18 16 | 'I ' | G H | W'A'Y | C.STATE D. ZIP CODE | | | |
| B. CITY OR TOWN | | | 1 1 1 | M I 4 8 5 5 6 | | | |
| VI. FACILITY LOCATION | | | | | 21310 | | |
| A. STREET, ROUTE NO. OR OTHER TO THE A VERIL | SPEC | - 1 | VEN | | | | |
| GENESEE | 1 1 | | | | | | |
| c. CITY OR TOWN | 1 | | 1-1-1 | D.STATE E. ZIP CODE F. COUNTY CODE (if known) M I 4 8 5 5 6 0 2 5 | | | |
| EPA Form 3510-1 (6-80) | | MO | | A0 41 42 47 - 51 52 - 54 CONT | INUE | ON | REVERS |

| CONTINUED FROM THE FRONT VII. SIC CODES (4-digit, in order of priority) | | | |
|---|---|--|--|
| A. FIRST 7 3.7.1.4 (specify) Motor vehicle parts & acce | essories 73694 (specify) | s second rk plugs, engine | ignition |
| C. THIRD (specify) 7 3.8.2.4 Motor vehicle instruments | 7 3 5 1 9 (specify) | D.FOURTH Parts and acce ernal combustion | |
| WIII. OPERATOR INFORMATION | NAME DIVISION ENGI | NEERING | B. Is the name listed in Item VIII-A also the owner? X YES NO |
| C. STATUS OF OPERATOR (Enter the appropriate letter F = FEDERAL M = PUBLIC (other than federal or state) S = STATE O = OTHER (specify) P = PRIVATE | | | 66 (area code & no.) |
| E. STREET OR P.O. BOX | | | |
| F, CITY OR TOWN B FL I N T | G.STATE H. ZIF | 15 6 Is the facility located YES | |
| ELE NIA! I I I I I I I I I E | (Air Emissions from Proposed Sources) N.A. | | |
| B. UIC (Underground Injection of Fluids) | E. OTHER (specify) S. E. E. A. J. T. A. C. H. E. D. 30 | (specify) Michigan Air L | Jse Permits |
| 9 R N A 9 30 15 16 17 1 | E. OTHER (specify) | (specify) | |
| Attach to this application a topographic map of the area the outline of the facility, the location of each of its extreatment, storage, or disposal facilities, and each well water bodies in the map area. See instructions for precise | xisting and proposed intake and disc where it injects fluids underground. | harge structures, each of | ts hazardous waste |
| XII. NATURE OF BUSINESS (provide a brief description) | | | |
| Manufacture of automotive compoi | nents. | | |
| | | | |
| | | | |
| III. CERTIFICATION (see instructions) I certify under penalty of law that I have personally example attachments and that, based on my inquiry of those application, I believe that the information is true, accurate information, including the possibility of fine and in | persons immediately responsible for rate and complete. I am aware that | obtaining the information | on contained in the |
| John R. Wilson, Jr. General Manager | B. SIGNATURE Rohn P. Wilson | | DATE SIGNED |
| COMMENTS FOR OFFICIAL USE ONLY E | | | 1 |
| EPA Form 3510-1 (6-80) REVERSE | | | |

| | | | | ype in the unshaded | | linch). | | | | | | ./#. | Form Approved OM | B No. 15 | 8-5800 | 04 8 | 9 |
|--------|------|------|------|---|--|------------------|-------------------|---------------------|-----------|---------|----------------------------|--|--|-------------------------------|------------------|----------------------------|-------------------|
| FC | RM | I | 0 | EDA | HAZARLOU | | | | | | PLICAT | ION | I. EPA I.D. NUM | BER | | 5 | TIALC |
| R | RA | 9 | Y | EPA | (This informati | | | d Permit d under | | | 05 of RCI | R.A.) | FM I T 2 7 | 0 0 1 | 0 2 | 9 | 14 15 |
| AP | PLIC | AT | ION | AL USE ONLY | | NIE. | | F. 799 | 57.11 | nah l | CON | MMENTS | an revise a serie | | | N TO | |
| A | PPR | OVI | ED | (yr., mo., & day) | | | | | | | | in Livio | | | | | |
| II. | FIR | ST | OF | REVISED APPLI | CATION | 100 | 130 | 13.5 | 3-18 | VIII | | NAME OF | ENTER PORCE | THE P | | 500 | |
| Plac | e an | "X | " in | the appropriate box | in A or B below (ma | ark one | box eady | only) to know yo | indic | ate w | hether this EPA I.D. | s is the first Number, or | application you are sub if this is a revised appl | omitting f leation, e | or your | facility ur facili | or a |
| EP/ | A LE |). N | umb | er in Item I above. PLICATION (place | | | | | | | | | | | | | |
| | 71 | 1. | EXI | STING FACILITY (| | | | | | | | | 2.NEW FACILIT | FOR | NEW | n below FACILI THE D | TIES. |
| 8 | 1000 | 0 | | 0 6 0 7 OPE | EXISTING FACILI RATION BEGAN O the boxes to the left | TIES, R THE | DAT | VIDE THE | STRU | CTIO | N COMMI | enced | YR. MO, D | TIO | MO., & | day) O | PERA- |
| B. | RE | | ED | 75 76 77 78 APPLICATION () | | ind co | mplet | e Item I | above | 8) | | | 2. FACILITY HA | SARCR | A PER | MIT | |
| Ш | PR | | | SES – CODES AN | | CITI | ES | Marie S | 783 | 2.04 | Y SEE D | 60 N. C. | 72 | 10000 | TER. | BRES | N. Committee |
| A. | PRO | CE | SS (| ODE - Enter the co | de from the list of p needed, enter the co | rocess ode(s) | codes in the | space p | rovide | ed, If | a process | will be used | be used at the facility that is not included in | . Ten line the list of | s are p codes | rovided below, | for then |
| | PRO | CE | SS I | DESIGN CAPACITY | - For each code ent | | | | | | | | | | | | |
| | 2. 1 | INL | TO | T — Enter the amount F MEASURE — For a used. Only the units | each amount entered | in col | umn belov | B(1), en | ter th | e cod | e from the | e list of unit | measure codes below ti | nat descri | oes the | unit of | |
| | | | | | PRO- APPROPE CESS MEASUR | | | | | | | | | PROPRI | | | |
| - | tora | ne: | PF | ROCESS | CODE DESIG | N CAI | PACI | TY | | Treat | PR tment: | OCESS | CODE | DESIGN | CAPA | CITY | |
| C | ONT | CAH | | (barrel, drum, etc.) | S01 GALLONS S02 GALLONS | OR LI | TER | | | TAN | K | NOTING MEN | LIT | LLONS P ERS PER LLONS P | DAY | | |
| | URF | | | POUNDMENT | S03 CUBIC YA CUBIC ME S04 GALLONS | TERS | | 5 | | | NERATO | ROUNDMEN | TOS TO | ERS PER NS PER F | DAY | OR | ə : |
| _ | ispo | | | WELL | D79 GALLONS | | | | | | | | GA LIT | LLONS P ERS PER | HOUF | UR OR | |
| L | ANI | OFI | LL | | D80 ACRE-FEE would cove depth of on | e foot | ore to | | | proce | nal or biol esses not o | or physical, logical treatm securring in l | nent LIT tanks, | LLONS P ERS PER | | YOR | |
| | | | | CATION | D81 ACRES OF D82 GALLONS LITERS PE | HECT PER E | ARE | | | ators | . Describe | idments or it the process ided; Item I | es in | | | | |
| S | URF | AC | E 11 | POUNDMENT | D83 GALLONS | | | 5 | | | UP | NIT OF | | | | UNI | TOF |
| U | INIT | OF | ME | ASURE | MEASURE CODE | UNI | TOF | MEASU | JRE | | ME | ASURE | UNIT OF MEAS | JRE | | MEAS | SURE |
| L | ITE | RS | 818. | | | TOP | IS PE | RHOU | R | * * * * | | , , D | ACRE-FEET HECTARE-MET | ER | | | F |
| C | UBI | CM | ET | DS | C | GAL | LON | SPERI | HOUF | 2 | | . , E | HECTARES | | | | |
| | | | | R COMPLETING IT 400 gallons. The fac | | | | | | | | | torage tanks, one tank (| ean hold 2 | 00 gall | ons and | l the |
| 5 C | | | | DUP | 1 1 | 1 | 1 | | / | 1 | 11 | 111 | 1111 | 11 | 1 | 11 | 11 |
| 1 0 | 2 A. | PR | 0- | B. PROCESS | DESIGN CAPAC | ITY | | | | R | A. PRO- | B. PF | ROCESS DESIGN C. | APACIT | Y | | OP |
| 10日本 | C | OD | E | | OUNT | OF | NIT MEA- RE | OFFIC US | E | ME | CESS CODE (from list | | I. AMOUNT | | F MEA | OFF | OR ICIAL SE |
| LINE | 16 | bov | | | cify) | | iter de) | ONL | - Y 32 | NEN | above) | 19 | | 27 | (enter code) | 29 | - 32 |
| X- | 1 S | 0 | 2 | 600 |) | | 7 | | | 5 | 3 | | | | | | |
| X- | 2T | 0 | 3 | 20 |) | | 5 | | | 6 | | | Tyrasulas II. | | | | HE |
| 1 | S | 0 | 1 | 31,350 | | (| à | | | 7 | | | | | | | |
| 2 | S | 0 | 2 | 8,500 | | (| à | | | 8 | | | 7001 | | | | |
| 3 | 9 | | | | | | | | | 9 | | 1 1412 | g v Teo | | | | |
| 4 | | | | | | | | | | 10 | | | | | | | - |
| - | 16 | - | 111 | 19 - | 2 | | 28 | 29 | 32 | | 16 - 18 | 19 | | 27 CON 7 | 28 | ON DE | VERSE |

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

- A. EPA HAZARDOUS WASTE NUMBER Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.
- B, ESTIMATED ANNUAL QUANTITY For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non—listed waste(s) that will be handled which possess that characteristic or contaminant.
- C. UNIT OF MEASURE For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

| ENGLISH UNIT OF MEASURE CODE | METRIC UNIT OF MEASURE CODE |
|------------------------------|-----------------------------|
| POUNDSP | KILOGRAMSK |
| TONS | METRIC TONS |

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form,

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

- 1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
- quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.

 2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
- 3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| lul. | | | EF | | | | | UNIT MEA | | | | | | | | | D. PROCESSES |
|-------------|---|----|-----|-----|----------|-------------------------------|----|----------------------|---|---|---|------|---|-----|-----------------|---|---|
| LINE NO. | W | AS | STE | RD. | B. ESTIN | MATED ANNUAL TITY OF WASTE | 51 | JRE inter ode) | | | | 1. 3 | | (en | ss code ter) | s | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |
| X-1 | K | 0 | 9 5 | 4 | | 900 | | P | T | 0 | 3 | D | 8 | 0 | | | 5.0) 1 11.86 |
| X-2 | L | 0 |) (| 2 | | 400 | | P | T | 0 | 3 | D | 8 | 0 | | | 00240 |
| X-3 | D | 0 | 0 | 1 | | 100 | | P | T | 0 | 3 | D | 8 | 0 | | | |
| X-4 | L | 0 | 0 | 2 | | | | | | | | | 1 | | | | included with above |

Continued from page 2.

NOTE: Photocopy this page before completing if ve more than 26 wastes to list. Form Approved OMB No. 158-S80004 FOR OFFICIAL USE ONLY EPA I.D. NUMBER (enter from page 1) M I T 2 7 0 0 1 0 2 5 9 DUP DUP IV. DESCRIPTION OF HAZARDOUS WASTES (continued) A. EPA HAZARD. WASTE NO (enter code) D. PROCESSES B. ESTIMATED ANNUAL QUANTITY OF WASTE 1. PROCESS CODES (enter) 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) 36 D 0 0 1 50,000 Р S 0 1 P D 0 0 1 70,000 S 0 2 3 4 5 6 7 8 9 10 12 13 14 15 16 17 18 19 20 21 23 24

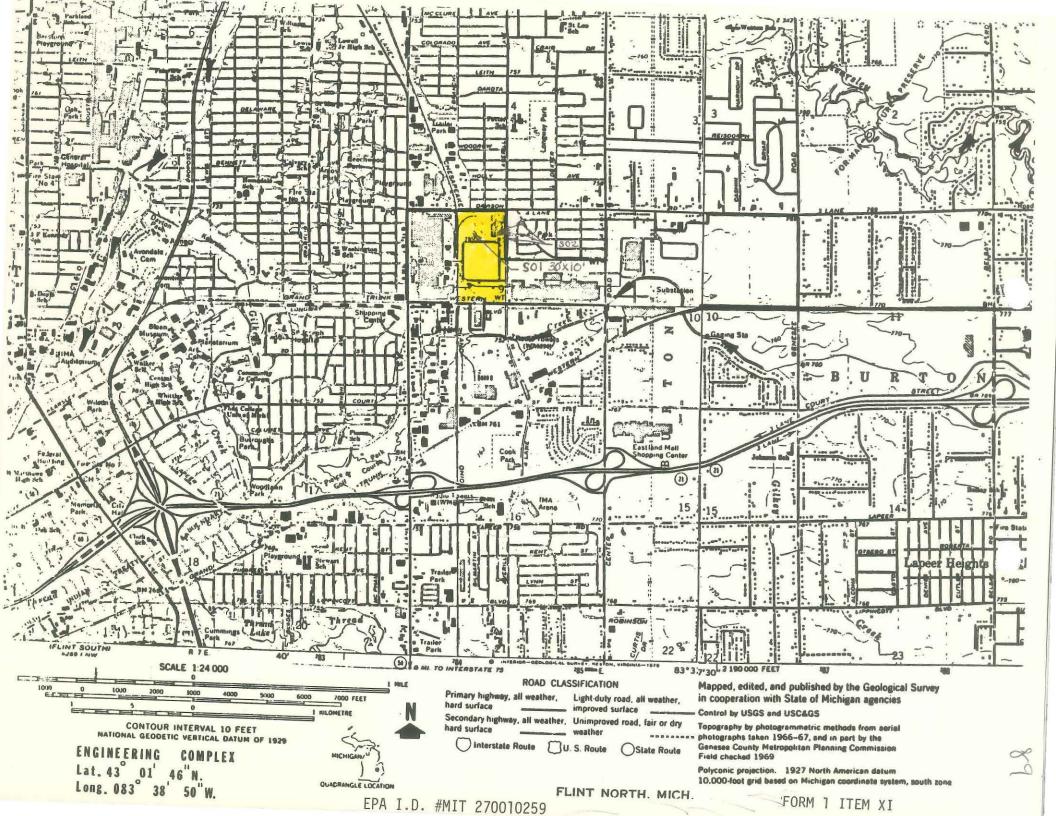
EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

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| | tinued) | | | |
| E. USE THIS SPACE TO LIST ADDITIONAL PROC | ESS CODES FROM ITEM D(1) ON PAGE 3 | | | |
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| FMIT2700102596 | | | | |
| V. FACILITY DRAWING | THE STATE OF THE STATE OF THE STATE OF | And the second | SPER TO | Charles of the |
| All existing facilities must include in the space provided on | page 5 a scale drawing of the facility (see instruction | s for more det | ail). | |
| VI. PHOTOGRAPHS | THE RESERVE OF THE PARTY OF THE | 189 | 14 34 1 | THE RESERVE THE PARTY OF THE PA |
| All existing facilities must include photographs (aeria | al or ground-level) that clearly delineate all e | xisting struc | tures; existir | ng storage, |
| | and treatment or disposal areas (see instruction | ons for more | detail). | |
| treatment and disposal areas; and sites of future stor | age, creatment or disposal areas face matractic | 110 101 111010 | and the second second | |
| VII, FACILITY GEOGRAPHIC LOCATION | age, treatment or disposal treas face metaletre | | Marine. | |
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FACILITY DRAWING (see pag

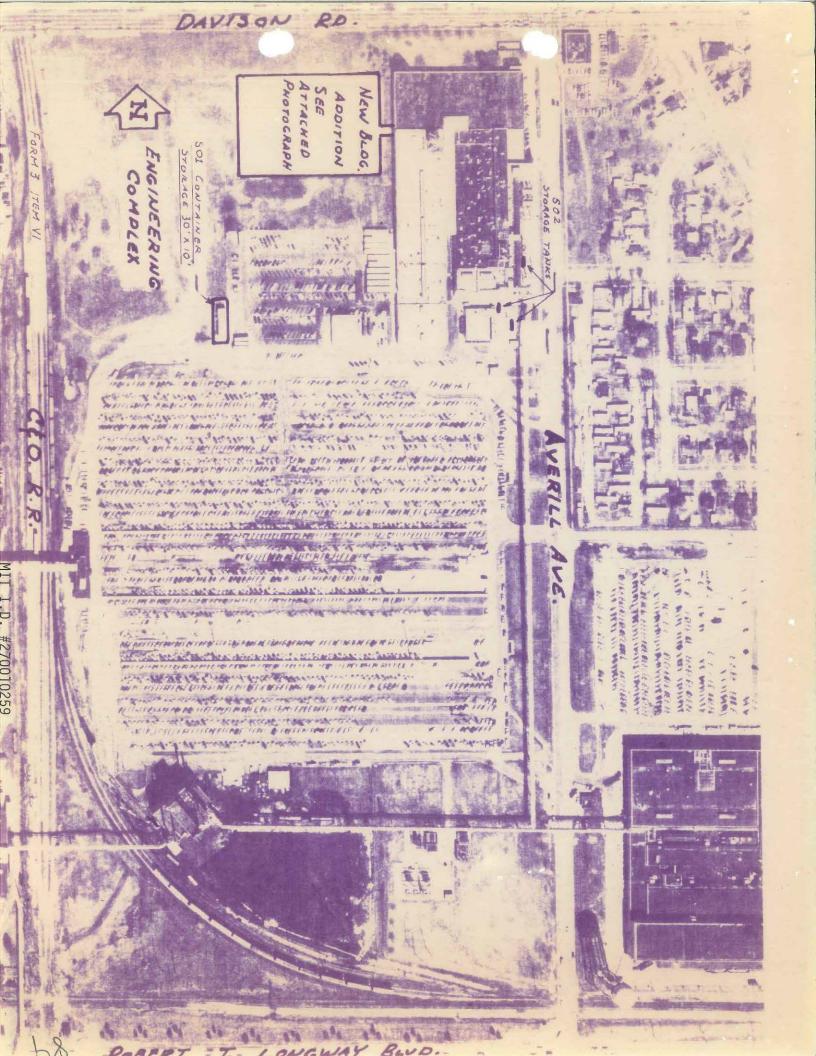
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80-24962-9



Inter-Organization Letter

270 010 259 T TSD PA.

See Below

Location

Mr. J. W. Cagle

Location

Date

Subject Delegation of Authority to Sign Reports Under EPA Consolidated

March 24, 1981

Permit Programs

M17270010259

All Parts Plant Managers TO:

All P.D.C. Managers

All Truck and Coach Managers

As required under Environmental Protection Agency Consolidated Permit Programs, Part 122, Section 122.6, the position of Plant Manager is hereby designated as my duly authorized representative for your facility. As such, the Plant Manager is authorized to sign all reports required by permits, and other information requested by the EPA Regional Administrator and/or the State/Local Program Director.

In the absence of the person occupying the designated position due to vacation, illness, or other reasons, the person temporarily responsible for the operation of the facility or activity is my duly authorized representative.

Any questions should be directed to the Environmental Control Group - Flint Central Office.

J. W. Cagle

General Manager

General Motors Warehousing and Distribution Division

JWC/VD

cc: EPA Regional Administrator

ENVIRONMENTAL PROTECTION AGENCY

FACILITY BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983. Read All Instructions Carefully Before Making Any Entries on Form

| See instructions before completing this section. This facility did not treat, store, or dispose of regulated quantities of hazardous waste at any time during 1983. | Explain your non-regulated status in the space below. |
|--|--|
| Please print/type with elite type (12 characters per inch) | 1 |
| II. FACILITY EPA I.D. NUMBER T/A C F M I D 9 8 0 5 6 8 6 2 0 1 1 1 1 1 1 1 1 1 | This Facility's Non-Regulated Status is Expected to Apply: For 1983 Only |
| | C303 ENTRY (OFFICIAL USE ONLY): |
| III. NAME OF FACILITY | |
| G M C A C S P A R K P L U G D I | V D A V I S O N E N G I N E E R I N G G G G G G G G G |
| IV FACILITY MAILING ADDRESS | |
| IV. FACILITY MAILING ADDRESS | |
| 3 1 3 0 0 N O R T H D O R T H I G | H W A Y 45 |
| Street or P.O. Box | |
| 4 F L I N T | M I 4 8 5 5 6 41 42 47 51 |
| City or Town | State Zip Code |
| | |
| V. LOCATION OF FACILITY (if different than section IV | |
| The transfer of the control of the transfer of | above) |
| 5 1 6 0 1 NORTH AVERILLL | |
| 5 1 6 0 1 N 0 R T H A V E R I L L 15 16 Street or Route number | A V E N U E |
| 5 1 6 0 1 NORTH AVERILLL | |
| 5 1 6 0 1 N 0 R T H A V E R I L L L Street or Route number | A V E N U E |
| 5 1 6 0 1 N 0 R T H A V E R I L L | A V E N U E 45 45 M I 4 8 5 5 6 41 42 47 51 |
| 5 1 6 0 1 N 0 R T H A V E R I L L | A V E N U E 45 M I |
| 5 1 6 0 1 N 0 R T H A V E R I L L | A V E N U E 45 M I |
| 5 1 6 0 1 N 0 R T H A V E R I L L 15 16 | A V E N U E 45 M I |
| 5 1 6 0 1 N 0 R T H A V E R I L L 15 16 | A V E N U E 45 M I |
| S 1 6 0 1 N 0 R T H A V E R I L L 15 16 | A V E N U E 45 M I 4 8 5 5 6 41 42 47 51 State Zip Code ATES FOR FACILITIES 17, 4 0 0 \$ 25 25 28 31 or Facility Closure B. Cost Estimate for Post Closure Monitoring and Maintenance (disposal facilities only) familiar with the information submitted in this and all attached tely responsible for obtaining the information, I believe that the there are significant penalties for submitting false information, |
| S 1 6 0 1 N 0 R T H A V E R I L L 15 16 | A V E N U E 45 M I 4 8 5 5 6 41 42 47 51 State Zip Code ATES FOR FACILITIES 17, 4 0 0 \$ 25 25 28 31 or Facility Closure B. Cost Estimate for Post Closure Monitoring and Maintenance (disposal facilities only) familiar with the information submitted in this and all attached tely responsible for obtaining the information, I believe that the there are significant penalties for submitting false information, |

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

| This report is for the extende | ar year chang becomed 51, 1965. |
|---|--|
| Date rec'd:Rec'd by: | XI. GENERATOR NAME (specify generator from whom all wastes on this page were received) |
| IX. FACILITY'S EPA I.D. NO. | AC SPARK PLUG ON-SITE |
| F M I D 9 8 0 5 6 8 6 2 0 1 | NO STARK LEGG GROVE |
| 1 2 13 14 15 | XII. GENERATOR ADDRESS |
| | |
| X. GENERATOR'S EPA I.D. NO. | |
| G 16 28 | |
| | |
| XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31 S01 L | , 1983 (complete this section only once for your facility) |
| AMOUNT OF WASTE UOM AMOUN | NT OF WASTE UOM AMOUNT OF WASTE UOM |
| S04 LILILI L | M AMOUNT OF WASTE UOM |
| | |
| XIV. WASTE IDENTIFICATION | ه و ک |
| # | B. EPA Hazardous Waste No. Handling (see instructions) Method D. Amount of Waste |
| equence # A. Description of Waste | (see instructions) Method D. Amount of Waste Wise |
| Contaminated soil (dirt con- | 30 0 1 39 37 40 S 0 3 1 7 5 5 T |
| taminated from leaking tank.) | 41 44 45 48 49 51 52 60 61 |
| Waste oil (used in engines to test sparks) | Di 0i 0i 8 |
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| 1 1 5 | |
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XV. COMMENTS (enter information by section number—see instructions)

Soil contaminated caused by a leaking underground storage tank that contained a rating fuel used to run engines for testing spark plugs. This fuel contained Benzene.

*Waste oil sold for revenue (Recyclable)

ENVIRONMENTAL PROTECTION AGENCI

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983. Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Tear out here

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983

- Non-handler
- Small Quantity Generator

| your status during the entire year (see instructions for explanation of codes). Exempt 5 Beneficial Use 9 Closed |
|--|
| Please print/type with elite type (12 characters per inch) This Installation's Non-Regulated Status is Expected to Apply: |
| II. GENERATOR'S EPA I.D. NUMBER |
| T/A C F M I D 9 8 0 5 6 8 6 2 0 1 1 1 2 1 3 14 15 1 1 1 1 1 1 1 1 |
| C303 ENTRY (OFFICIAL USE ONLY): |
| III. NAME OF INSTALLATION |
| G M C A C S P A R K PLUG DIIV. DAVIISON ENGINEERIIN 699 |
| |
| IV. INSTALLATION MAILING ADDRESS |
| 3 1 3 0 0 N 0 R T H D 0 R T H I I G H W A Y 45 |
| Street or P.O. Box |
| 4 F L I N T |
| City or Town State Zip Code |
| |
| V. LOCATION OF INSTALLATION (if different than section IV above) |
| |
| 6 F L I N T |
| 15 16 |
| City of Town |
| VI. INSTALLATION CONTACT |
| 2 G 0 R D 0 N L S C H U L T Z |
| |
| 13 1 3 2 5 7 6 2 5 7 46 55 |
| Phone No. (area code & no.) |
| VII. CERTIFICATION |

including the possibility of fine and imprisonment.

| K.M.Ho | okins- | Dir.of | Plt. | Fna. & | Tool | rooms | 15 |
|-------------------------|--------|--------|------|--------|------|-------|----|
| S No Control of Control | | | | | | | |

Print/Type Name

Signature of Authorized Representative

Date Signed

Date rec'd: _ Rec'd by: VIII. GENERATOR'S EPA I.D. NO. GMID980568620

X. FACILITY'S EPA I.D. NO.

F 0 | H | D | O | 4 | 5 | 2 | 4 | 3 | 7 | O | 6 |

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped) FONDESSY ENTERPRISES, INC.

XI. FACILITY ADDRESS 876 OTTER CREEK ROAD P.O. BOX 7571 OREGON, OHIO 43616

XII. TRANSPORTATION SERVICES USED

ACES TRUCKING

OHD 045247905

| * | TE IDENTIFICATION | B. DOT Hazard | de u | | | ste 1 | No. | | | | | | | Party of the last | | E. Unit of Measure |
|-----------------------|---|------------------|----------------|------------------|-----------------------|----------------------|-----------------|-------------------------------|--------------------|-----|---|---|--------|---|--------------|--|
| Sequence # In | | <u> </u> | <u> </u> | | (see in | struc | tions | | D. Amount of Waste | | | | | | e | <u> </u> |
| 1 1 1 1 1 29 32 | Contaminated soil (dirt contaminated from leaking tank) | <u>1</u> 1 | 2 34 | 3 5 43 | $0 1 0 0 ^{3}$ | 9 D 8 39 16 47 | , 0 (, , | J ₁ 1 142 50 | 51 | | 1 | ш | 1 | 7 5 | 5 , 5 | T 60 |
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| 11 | | | | | | | | | | | | | | | 1 | |
| 12 | | | I | | | | | | | | | | | | 1 | 170 |

XIV. COMMENTS (enter information by section number-see instructions)

SOIL CONTAMINATED FROM A LEAKING TANK WHICH CONTAINED A RATING FUEL USED TO RUN CAR ENGINES TESTING SPARK PLUGS. THIS FUEL CONTAINED BENZENE.

ENVIRONMENTAL PROTECTION AGEN

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: ______ VIII. GENERATOR'S EPA I.D. NO. ______ T/A C

M I D O 5 7 0 0 2 6 0 2 13 14 15

X. FACILITY'S EPA I.D. NO.

F M | I | D | O | 5 | 7 | O | O | 2 | 6 | O | 2 | 2 | 28

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)
ENVIRONMENTAL WASTE CONTROL, INC.

XI. FACILITY ADDRESS 27140 PRINCETON AVENUE P.O. BOX 431 INKSTER, MI 48141

XII. TRANSPORTATION SERVICES USED

ENVIRONMENTAL WASTE CONTROL, INC.

MID 057002602

| (A) | ASTE IDENTIFICATION ## A. Description of Waste | В. DOT Hazard code | C. EPA Hazardous Waste No. See instructions) D. Amount of Waste |) |
|---|--|--------------------------|---|---|
| 1 1 1 29 32 | Waste oil (used in machines to manufacture auto accessories) | | $\begin{array}{c ccccccccccccccccccccccccccccccccccc$ | |
| | 2 | | | |
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| | 11 | | | |
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XIV. COMMENTS (enter information by section number-see instructions)

WASTE OIL SOLD FOR REVENUE (RECYCLABLE)

Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGEN

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

| Date | rec'd: Rec'd by: |
|-------|--|
| VIII. | GENERATOR'S EPA I.D. NO. |
| | T/A C |
| GM | I D 0 5 7 0 0 2 6 0 2 1 1 |
| 1 2 | 13 14 15 |
| | |

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

GENERAL OIL

GENERALE OIL

X. FACILITY'S EPA I.D. NO.

M | I | D | O | 4 | 7 | 1 | 8 | 9 | 5 | 6 | 8 | 16 | 28

XI. FACILITY ADDRESS 12680 BEECH DALY REDFORD, MI 48239

XII. TRANSPORTATION SERVICES USED

GREAT NORTHERN OIL

MID 020849972

| XIII. WAS | TE IDENTIFICATION A. Description of Waste | B. DOT | ode | | ١ | Nast | azardo e No. ruction | | |). A | ımoı | unt (| of W | /aste | 700 | E. Unit of Measure |
|-----------|--|--------|----------|-----|-----|----------|----------------------------|----------|--------|------|------|--|-----------|----------|----------|-----------------------|
| | Waste oil (used in machines to manufacture auto accessories) | 1 33 | | D _ | 0 0 | 18 | 39 1 | 42 50 | 51 | | | | L_ | ١9. | ,5 59 | T 60 |
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| 7 | | | L | | | | | | | | | | | | <u>.</u> | |
| 8 | | _ | } | | | <u> </u> | ļļ | | | J | 1 | لــــــــــــــــــــــــــــــــــــــ | | | J | |
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| 12 | 2 | | L | | | | 1 | | | | | | | | 1 | |

XIV. COMMENTS (enter information by section number-see instructions)

WASTE OIL SOLD FOR REVENUE (RECYCLABLE)

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